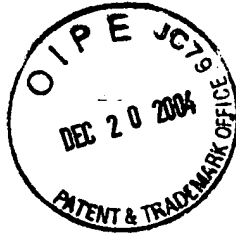


2682
[Signature]

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 000028
In Re Application of: Paul E. Bender
Serial Number: 09/707,569
Filed: November 6, 2000
Examiner: Tuan A. Tran
Group Art Unit: 2682

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--|--|---|------------------------|---------------------------------------|----------|
| Total* | 51 | 59 | 0 | x \$50 = | \$0 |
| Independent** | 6 | 8 | 0 | x \$200 = | \$0 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$360 | \$0 |
| EXTENSION FEES | | | | <input type="checkbox"/> One Month | \$120 |
| | | | | <input type="checkbox"/> Two Months | \$450 |
| | | | | <input type="checkbox"/> Three Months | \$1020 |
| TERMINAL DISCLAIMER | | | | \$130 | \$0 |
| TOTAL FEE | | | | | \$0 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: December 16, 2004

Signature: *[Signature]*Arti A. Kane, Limited Recognition
858-845-2650QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 651-4125
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒
- deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Karyn D. Lao
(type or print name)

Date: December 16, 2004

Signature: *[Signature]*

FACSIMILE

- ☐
- transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Signature: _____



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application

No. 09/707,569

Paul E. Bender

Examiner: Tuan A. Tran

Filed: November 6, 2000

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For: METHOD AND ADAPTIVE
TRANSMISSION CONTROL IN
A HIGH DATA RATE
COMMUNICATION SYSTEM

) Group No. 2682

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated 10/6/2004, please amend the above-identified application as indicated below.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))


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Depositor's Name: Karyn D. Lao
(type or print name)

Date: December 16, 2004

Signature: 

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____